Attorney Docket No.: CYPR-CD01203M



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, on the below date of deposit.

Date of 04/4/08 Name of Person Making the Deposit:

JOSE S.GARCIA Signature of the Person Making the Deposit:

Signature of the Person Making the Deposit: S. Gama In re Application of: Roe et al. Examiner: PROCTOR, J. Serial No.: 10/001,477 Art Unit: 2123 Filed: 11/01/2001 Confirmation No.: 6440 For: BREAKPOINT CONTROL IN AN IN-CIRCUIT EMULATION SYSTEM **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450 AMENDMENT TRANSMITTAL Transmitted herewith is an amendment for this application 1. x Transmitted herewith is a response to an office action for the above identified patent application. sheets) Transmitted herewith are Other: 2. Applicant is other than a small entity **Extension of Term** 3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (a) [X] (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:) Extension \$120.00 X] one month ] two months \$460.00 \$1020.00 three months I four months \$1,590.00 Fee \$ 120 If an additional extension of time is required, please consider this a petition therefor. (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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## Fee Calculation

4. ` The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total	
Total Claims	18	- 20 =	0	x \$50.00	\$0.00	
Independent Claims	3	- 3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claim Fee (one or more, first added by this \$360.00 amendment)						
Total Fees						

## **PAYMENT OF FEES**

- 5. The full fee due in connection with this communication is provided as follows:
- The Commissioner is hereby authorized to charge any fees associated with this [X] communication or credit any overpayment to Deposit Account No.: 50-4160. A <u>duplicate copy</u> of this authorization is enclosed.
- A check in the amount of \$ 120 . [ X ]
- Charge any additional fees required or credit any overpayments associated with [] this filing to Deposit Account No.: 50-4160. A duplicate copy of this authorization is enclosed.

Please direct all correspondence concerning the above-identified application to the following address:

> **MURABITO HAO & BARNES LLP** Two North Market Street, Third Floor San Jose, California 95113

(408) 938-9060

Respectfully submitted,

Attorney Docket No.: CYPR-CD01203M

## **Fee Calculation**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a sm	all entity)			_		
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Multiple Dependent Claim Fee (one or more, first added by this amendment) \$360.00						
Total Fees						

## **PAYMENT OF FEES**

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Respectfully submitted,

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Jose S. Garcia